



# DEAFESTIVAL – KENTUCKY

## Performer's Application

Louisville, Kentucky - July 1, 2006

SpotLights Main Stage performances will be held in the Bomhard Theater of the Kentucky Center, and the Children's Program will be held on the Great Lawn of the Belvedere adjacent to the Kentucky Center.

Interested Performers must complete this application **prior to the May 15, 2006 deadline**. Performers are selected based on talent and uniqueness of the performance. All applications must be accompanied by a videotape or DVD or a written proposal describing the performance. Please indicate in which program you wish to perform (Children's or SpotLights).

DEADLINE May 15, 2006 Completed application plus; Photos of work or URL; short bio of artist; and camera ready photograph.	Children's Stage	SpotLights	
	Saturday 7/1/06 10:00 am - 3:00 pm	Saturday 7/1/06 12:30 pm - 6:00 pm	

**Please PRINT clearly:**

Name: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Daytime Phone ( ) \_\_\_\_\_  
Home ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_ CAM / IP \_\_\_\_\_  
Email Address(es) (Include a pager address if you have one): \_\_\_\_\_

Name of person(s) performing other than yourself: \_\_\_\_\_

**Name of Performance/Performance Group**

Print the information exactly as you wish it to appear in the program book:

**NAME:** \_\_\_\_\_

**Description:** (Include a video tape, or photos describing your talent and length of performance): \_\_\_\_\_

**PERFORMER'S AGREEMENT:**

The undersigned hereby applies to perform at DeaFestival - Kentucky on July 1, 2006. We understand and agree to negotiate with DeaFestival - Kentucky and, upon acceptance by both parties, agree to the above rules. A contract and invoice will be mailed to selected performers, which must be signed and return to KCDHH by May 30, 2006.

**Cancellation of Performer's Agreement:**

Performers that wish to cancel this contract must notify KCDHH in writing prior to June 1, 2006.

\_\_\_\_\_  
(Signature of Performer/Group)

\_\_\_\_\_  
(Date)

DeaFestival-Kentucky Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Stage \_\_\_\_\_

**Mail completed application to:**

**KCDHH  
c/o Rowena Holloway  
632 Versailles Road  
Frankfort, Kentucky 40601**

**For more information go to: <http://www.deafestival.org> or <http://www.kcdhh.ky.gov>**